

HOLLY WOLCOTT
CITY CLERK

GREGORY ALLISON
EXECUTIVE OFFICER

City of Los Angeles



ANTONIO R. VILLARAIGOSA
MAYOR

OFFICE OF THE
CITY CLERK

NEIGHBORHOOD AND BUSINESS
IMPROVEMENT DISTRICT DIVISION
200 N. SPRING STREET, ROOM 224
LOS ANGELES, CA 90012
TEL: (213) 978-1099
FAX: (213) 978-1130

MIRANDA PASTER
DIVISION MANAGER

CERTIFICATION OF SATISFACTORY PERFORMANCE BUSINESS IMPROVEMENT DISTRICT CONSULTANT SERVICES

Return form to the Los Angeles City Clerk, Special Assessments Office, Business Improvement District Program, M/S 159

Option 1: Review Waived _____

This Office has waived a detailed review of the work performed and requests the City Clerk to conduct the review.

(SIGN AND DATE BELOW)

Option 2: Certification XX

This Office has reviewed the attached invoice and supporting documentation for consultant services. The services provided and the amount of the invoice are satisfactory and in compliance with the contract. Please process the payment accordingly.

(SIGN AND DATE BELOW)

Consultant: Duckworth Consulting Payment amount: \$6,021.66 (retention amount)

CORPORATION REVIEW:

Reviewed/Approved by: _____
(Name(s) and Title(s))

COUNCIL OFFICE REVIEW:

Reviewed by: _____ / _____

Approve by: _____ / _____

Title: _____

Date: _____ / _____

CITY CLERK USE

CONTRACT C-119223 INVOICE # 020216 FMIS FUND 659 DISTRICT CD 05

PROJECT: For Melrose BID period: Retention amount

DUCKWORTH
CONSULTING

1934 WILSON AVENUE, ARCADIA, CALIFORNIA 91006-1744
TEL 626.355.0041 . FAX 626.836.0867

February 2, 2016

INV# 020216

Mr. Eugene Van Cise
Office of the City Clerk
City of Los Angeles
200 Spring Street
Room #237
Los Angeles, CA 90012

Re: Invoice for Professional Services for Melrose Village PBID (C-119223)

Dear Mr. Van Cise:

This invoice for professional services is being submitted pursuant to the referenced agreement between the City of Los Angeles and Duckworth Consulting for services on the Melrose PBID project. This Invoice totals \$6,021.66 and includes the following:

- Task 6 – Proof of Non-Profit Status
0 hours of prof. services – Donald R. Duckworth - \$ 0
- Task 7 – Initial Implementation
0 hours of prof. services –Donald R. Duckworth - \$ 0
- Cumulative Retention by City \$6,021.66
- TOTAL \$6,021.66

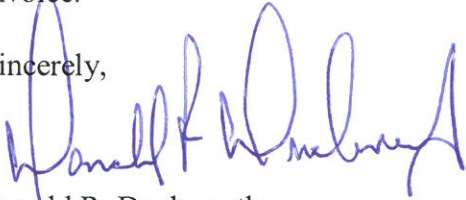
Enclosed with and supporting this invoice is the following:

- A copy of US Department of Treasury Tax Exempt Letter dated October 15, 2015.
- A copy of State approved Articles of Incorporation.
- A copy of adopted Bylaws for Melrose Business Improvement Association.
- A copy of City BRTC.
- Original Administrative Contract with City and certificates of insurance have been submitted under separate cover.
- A copy of first Regular Board Meeting Agenda.
- First BID News and Quarterly Report have been submitted under separate cover.

Mr. Eugene Van Cise
Melrose PBID Project Invoice
February 2, 2016
Page 2

If there are any questions, let me know. Thank you for your prompt consideration of this invoice.

Sincerely,

A handwritten signature in blue ink, appearing to read "Donald R. Duckworth". The signature is fluid and cursive, with the first name "Donald" being the most prominent part.

Donald R. Duckworth
Principal



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/20/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Owen Dunn Insurance 1455 RESPONSE ROAD SUITE 260 SACRAMENTO CA 95815	CONTACT NAME: Margarita Harriman PHONE (A/C, No, Ext): 9169932770 FAX (A/C, No): E-MAIL: margaritah@owendunn.com ADDRESS: margaritah@owendunn.com	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Sentinel Insurance Company Ltd		11000
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y	N	57SBABZ7439	06/01/2015	06/01/2016	EACH OCCURRENCE \$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000	
							MED EXP (Any one person) \$ 10,000	
							PERSONAL & ADV INJURY \$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER						GENERAL AGGREGATE \$ 2,000,000	
							PRODUCTS - COMP/OP AGG \$ 2,000,000	
A	AUTOMOBILE LIABILITY	N	N	57SBABZ7439	06/01/2015	06/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
	<input type="checkbox"/> ANY AUTO						<input type="checkbox"/> SCHEDULED AUTOS	BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						<input type="checkbox"/> NON-OWNED AUTOS	BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS							PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB						EACH OCCURRENCE \$	
	EXCESS LIAB						AGGREGATE \$	
	DED <input type="checkbox"/> RETENTION \$						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A				PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$	
							E.L. DISEASE - POLICY LIMIT \$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

City of Los Angeles and all of its Agencies, Boards and Departments
200 North Main Street
City Hall East, Suite 1240
Los Angeles CA 90012

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Margarita Harriman

© 1988-2014 ACORD CORPORATION. All rights reserved.

BID CONSULTANT INVOICE CHECKLIST

BID NAME:	Melrose Avenue PBID Formation (proposed)
-----------	--

COUNCIL FILE NO.:	10-1782	COUNCIL DISTRICT NO.:	5
-------------------	---------	-----------------------	---

CONSULTANT/CONTRACTOR:	Duckworth Consulting
------------------------	----------------------

CONTRACT #:	C-119223
-------------	----------

CONTRACT EXPIRATION:	5/1/14 (8/9/11 thru 5/1/14)
----------------------	-----------------------------

General Liability Insurance	Expires: 06/01/16	Workers Comp Ins	Waiver
-----------------------------	-------------------	------------------	--------

DISBURSEMENT REQUESTS	Amount	Date Rec'd	Date Paid	Comments
Invoice #1 (Deliverable 1, Feasibility Study)	\$9,000.00	9/14/2/11	9/30/11	(less 15% per contract)
Invoice #2 (Deliverable 2, Database of potential assessees)	\$5,000.00	1/20/12	3/16/12	Invoice is for \$4,987.50 (less 15% per contract)
Invoice #2 (Deliverable 3-Management District Plan & Engineer's Report)	\$12,000.00	1/20/12	8/2/112	Invoice is for \$5,950.00 (½ of \$12,000 total for deliverable 3) (less 15% per contract)
Invoice #2 (Deliverable 4-Petition Drive)	\$10,000.00	3/6/13	3/21/13	Invoice is for \$6,499.50 (¾ of \$10,000 total for deliverable 4) (less 15% per contract)
Invoice #3 (Deliverable 4-Petition Drive)		9/6/13	10/2/13	Invoice is for \$3,500.00 (¼ of \$10,000 total for deliverable 4) (less 15% per contract)
Invoice #3 Deliverable 5-Assessment Ballot Drive)	\$4,000.00	9/6/13	10/2/13	(less 15% per contract)
(Deliverable 6-Proof of Nonprofit Status)	\$20,000.00	N/A	Paid	Paid directly to consultant by Melrose Business Improvement Association
(Deliverable 7-(Initial Operation)	\$20,000.00	N/A	Paid	Paid directly to consultant by Melrose Business Improvement Association
Invoice #4 15% Retention by City	\$6,021.66	2/2/16		
TOTAL DISBURSED	\$26,437.00 (less 15% per contract)			
CONTRACT AMOUNT	\$80,000.00			

COMMENTS: All disbursements are less 15% per consultant contract (C-119223) section 7.5

DUCKWORTH
CONSULTING

1934 WILSON AVENUE, ARCADIA, CALIFORNIA 91006-1744
TEL 626.355.0041 . FAX 626.836.0867

February 8, 2016

Mr. Eugene Van Cise
Office of the City Clerk
Special Assessments Division
200 N. Spring Street
Room #237
Los Angeles, CA 90012

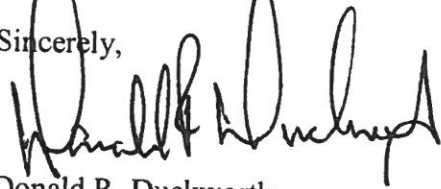
Re: Melrose BID Implementation Support

Dear Mr. Van Cise:

This letter will confirm our telephone conversations and my report that the Melrose Business Improvement Association has in fact paid more than \$40,000 to Duckworth Consulting to complete it's obligations pursuant to the Melrose Village PBID formation contract with the City of Los Angeles (C-119223).

As we may answer any questions or provide any additional assistance, please contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Donald R. Duckworth". The signature is fluid and cursive, with a large initial "D" and "R".

Donald R. Duckworth
Principal